

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000100

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Reg. File No. **FILED JAN 30 1963** Primary Registration District No. **3001** Registrar's No. **2**VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia, Missouri.		c. CITY OR TOWN Vandalia, Missouri.	
Length of stay in 1b 5 Yrs		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 602 E. Washington St.		d. STREET ADDRESS (If outside, give location) 602 E. Washington St.	
3. NAME OF DECEASED (Type or print) First HARRY Middle R. Last NORRIS		4. DATE OF DEATH Month Jan Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-26-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11a. BIRTHPLACE (City and state or country) Ralls Co., Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Henry Norris		13b. MOTHER'S MAIDEN NAME Elizabeth Martin.	
14. NAME OF HUSBAND OR WIFE Cornelia A. Norris.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 17		17. INFORMANT Address 602 E. Washington St., Vandalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertension DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 7 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:00 a.m. 7:00 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Perry, Missouri.	
21. I attended the deceased from Oct. 1-62 to Jan. 21-63 and last saw her alive on Jan. 19-63 Death occurred at 7:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-22-63	
22a. SIGNATURE R. O. Sullivan (Degree or title) D.O.		22b. ADDRESS Vandalia, Missouri.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-23-1963	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.	23d. LOCATION (City, town, or county) (State) Perry, Missouri.
24. FUNERAL DIRECTOR Perry, Mo.		25. DATE RECD. BY LOCAL REG. January 25 1963	
26. REGISTRAR'S SIGNATURE W. M. Fugate			

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student, Embalmer

Signed Clyde C. Murray

Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.